

STATEMENT OF ECONOMIC INTERESTS

RECEIVED

Date Received

MAR 1 2012

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Bradford Steven Craig

BY: Craig



RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
MAR - 1 AM 10:21

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

51st Assembly District

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed

February 29, 2012  
(month, day, year)

Signature

# SCHEDULE D Income - Gifts

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Steven C. Bradford</u>                                 |

NAME OF SOURCE

Association of California Life & Health Insurance Co

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 1220, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)         |
|---------------------|------------------|--------------------------------|
| <u>09 / 21 / 11</u> | <u>\$ 240.99</u> | <u>Golf &amp; Refreshments</u> |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>                       |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>                       |

NAME OF SOURCE

California Citrus Mutual

ADDRESS (Business Address Acceptable)

512 North Kaweah Avenue, Exeter, CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

| DATE (mm/dd/yy)     | VALUE           | DESCRIPTION OF GIFT(S) |
|---------------------|-----------------|------------------------|
| <u>04 / 26 / 11</u> | <u>\$ 78.95</u> | <u>Dinner</u>          |
| <u>  /  /  </u>     | <u>\$</u>       | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>       | <u> </u>               |

NAME OF SOURCE

California Poultry Federation

ADDRESS (Business Address Acceptable)

4640 Spyres Way, Suite 4, Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>03 / 08 / 11</u> | <u>\$ 225.06</u> | <u>Dinner</u>          |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>               |

NAME OF SOURCE

AT&T

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1800, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Communications Company

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S)         |
|---------------------|------------------|--------------------------------|
| <u>03 / 04 / 11</u> | <u>\$ 200.00</u> | <u>NAACP Image Awards</u>      |
| <u>02 / 20 / 11</u> | <u>\$ 25.92</u>  | <u>Tickets to NBA All Star</u> |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>                       |

NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Suite 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

California Democratic Party

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>02 / 08 / 11</u> | <u>\$ 117.09</u> | <u>Caucus Dinner</u>   |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>               |

NAME OF SOURCE

California Cotton Ginners Association

ADDRESS (Business Address Acceptable)

1785 N. Fine Avenue, Fresno, CA 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

| DATE (mm/dd/yy)     | VALUE            | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|------------------------|
| <u>02 / 09 / 11</u> | <u>\$ 229.74</u> | <u>Meal</u>            |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>               |
| <u>  /  /  </u>     | <u>\$</u>        | <u> </u>               |

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Steven C. Bradford

► NAME OF SOURCE

Prime Health Care Services

ADDRESS (Business Address Acceptable)

3300 E. Guasti Road, 3rd Floor, Ontario, CA 91761

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care Management Company

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 11 / 15 / 11    | \$ 123.96 | Golf Outing            |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

► NAME OF SOURCE

Toy Industry Association

ADDRESS (Business Address Acceptable)

1115 Broadway, Suite 400 New York, NY 10010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 06 / 07 / 11    | \$ 133.00 | Dinner                 |
| 06 / 08 / 11    | \$ 2.00   | Gift Bag               |
| ___ / ___ / ___ | \$ _____  | _____                  |

► NAME OF SOURCE

The Klamath Alliance for Resources & Environment

ADDRESS (Business Address Acceptable)

P.O. Box 1234, Yreka, CA, 96097

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501(c)(3) Non-Profit Organization

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)  |
|-----------------|-----------|-------------------------|
| 05 / 19 / 11    | \$ 300.92 | lodging, Rcptn, Dinner, |
| ___ / ___ / ___ | \$ _____  | photobook, gift basket  |
| ___ / ___ / ___ | \$ _____  | _____                   |

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Avenue, Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Energy Company

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 07 / 11    | \$ 29.65  | Meal and Beverage      |
| 10 / 10 / 11    | \$ 28.33  | Meal and Beverage      |
| 11 / 04 / 11    | \$ 115.40 | Meal and Beverage      |

► NAME OF SOURCE

CA Legislative Black Caucus Policy Institute

ADDRESS (Business Address Acceptable)

State Capitol, Rm. 2057, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

501(c)(3) Charitable Organization

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 10 / 16 / 11    | \$ 360.00 | Golf                   |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

Comments:

# SCHEDULE D Income – Gifts

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name<br>Steven Bradford |
|--|

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 I Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Organization

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 31 / 11    | \$ 92.00 | Dinner                 |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE

Farmer's Group Inc.

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 1220, Sac., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance Company

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 29 / 11    | \$ 92.00 | Farmer's Insur. Open   |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE

California New Car Dealers Association

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 03 / 29 / 11    | \$ 107.52 | Reception and Dinner   |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

► NAME OF SOURCE

John A. Perez for Assembly, 2012

ADDRESS (Business Address Acceptable)

777 South Figueroa Street, Ste. 4050, LA, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Speaker of the Assembly

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 08 / 11    | \$ 10.00 | Meal and Beverage      |
| 02 / 09 / 11    | \$ 84.30 | Jacket                 |
| 12 / 13 / 11    | \$ 38.68 | Dinner and Wine        |

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Steven C. Bradford

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

City of Los Angeles, Airport Parking & Shuttle Services

ADDRESS (Business Address Acceptable)

1400 K Street, Suite 208

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Government Agency

DATE(S): 01 / 31 / 11 - 12 / 31 / 11 AMT: \$ 90.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Airport Parking and Shuttle for Official Travel

► NAME OF SOURCE

CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202

CITY AND STATE

San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

501(c)(3) Non-Profit Agency

DATE(S): 04 / 14 / 11 - 04 / 23 / 11 AMT: \$ 7,675.84  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Study Travel Project to Ireland/UK

► NAME OF SOURCE

Manatt, Phelps & Phillips

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1900

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Law Firm

DATE(S): 03 / 03 / 11 - 03 / 04 / 11 AMT: \$ 726.32  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Energy Forum

► NAME OF SOURCE

CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202

CITY AND STATE

San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

501(c)(3) Non-Profit Agency

DATE(S): 12 / 09 / 11 - 12 / 10 / 11 AMT: \$ 419.22  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Lodging, Meals, Beverage, and Reception

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Steven C. Bradford

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

EdVoice

ADDRESS (Business Address Acceptable)

1107 9th Street, #680

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

501(c)(3) Non-Profit Agency

DATE(S): 04 / 04 / 11 - 04 / 05 / 11 AMT: \$ 1,317.83  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Transportation, Meals, Lodging, and Speaking Event

► NAME OF SOURCE

Independent Voter Project

ADDRESS (Business Address Acceptable)

101 West Broadway, Suite 1460

CITY AND STATE

San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

501(c)(4) Non-Profit Organization

DATE(S): 11 / 13 / 11 - 11 / 18 / 11 AMT: \$ 2,588.30  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Speaking Event

► NAME OF SOURCE

Applied Material

ADDRESS (Business Address Acceptable)

3050 Bowers Avenue

CITY AND STATE

Santa Clara, CA 95054-3299

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Technology Company

DATE(S): 07 / 24 / 11 - 07 / 25 / 11 AMT: \$ 1,211.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Meals & Lodging for Speaking Event

► NAME OF SOURCE

Assoc. of CA Life & Health Insur. Companies

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 1820

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Trade Association

DATE(S): 09 / 21 / 11 - 09 / 23 / 11 AMT: \$ 1,415.75  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Transportation, meals, lodging for Speaking Event

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Steven C. Bradford

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

CA Legislative Black Policy Institute

ADDRESS (Business Address Acceptable)

State Capitol, Rm. 2057

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

501(c)(3) Charitable Organization

DATE(S): 10 / 14 / 11 - 10 / 16 / 11 AMT: \$ 1,882.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Leadership Symposium and Conference

► NAME OF SOURCE

CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35, Suite 202

CITY AND STATE

San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

501(c)(3) Non-Profit Agency

DATE(S): 10 / 29 / 11 - 11 / 10 / 11 AMT: \$ 10,735.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Study Travel Project to Italy

► NAME OF SOURCE

CA Legislative Black Policy Institute

ADDRESS (Business Address Acceptable)

State Capitol, Rm. 2057

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

501(c)(3) Charitable Organization

DATE(S): 07 / 07 / 11 - 07 / 09 / 11 AMT: \$ 887.53  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

South Lake Tahoe Policy Retreat

► NAME OF SOURCE

The Jewish Federation of Los Angeles

ADDRESS (Business Address Acceptable)

6505 Wilshire Boulevard

CITY AND STATE

Los Angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

501(c)(3) Non-Profit Agency

DATE(S): 12 / 11 / 11 - 12 / 19 / 11 AMT: \$ 6,505.94  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Legislators' Israel Study Trip

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Steven C. Bradford

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

Sierra Pacific Industries

ADDRESS (Business Address Acceptable)

P.O. Box 496028

CITY AND STATE

Redding, CA 96049

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Timber Company

DATE(S): 05 / 19 / 11 - 05 / 20 / 11 AMT: \$ 356.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Air Transportation for Klamath Woods Tour

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: